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Bib Data Sheet

|                             |                                       |              |                        |                                      |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>09/506,224 | FILING DATE<br>02/17/2000<br><br>RULE | CLASS<br>029 | GROUP ART UNIT<br>3729 | ATTORNEY<br>DOCKET NO.<br>5267-49DIV |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|

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\*\* CONTINUING DATA \*\*\*\*\* Yes MD

This application is a DIV of 09/033,789 03/03/1998 PAT 6,084,746

\*\* FOREIGN APPLICATIONS \*\*\*\*\* Yes MD

JAPAN 48641/1997 03/04/1997

JAPAN 321950/1997 11/10/1997

JAPAN 49105/1998 03/02/1998

IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED

\*\* 04/11/2000

|  |                                  |                             |                           |                                 |
|--|----------------------------------|-----------------------------|---------------------------|---------------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br><br>COUNTRY<br>JAPAN | SHEETS<br><br>DRAWING<br>13 | TOTAL<br><br>CLAIMS<br>28 | INDEPENDENT<br><br>CLAIMS<br>10 |
| Verified and Acknowledged<br>Examiner's Signature <u>[Signature]</u> Initials  |                                  |                             | 12                        | 13                              |

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*Method of Manufacturing 2*  
TITLE

Magnetic head device

|                                    |  |   |
|------------------------------------|--|---|
| FILING FEE<br><br>RECEIVED<br>1398 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT<br>ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                                 |
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